

SITE INFORMATION

OWNER INFORMATION

ADDRESS _____

NAME _____

OCCUPANT _____

ADDRESS _____

TELEPHONE _____

CITY _____

USE _____

STATE _____ ZIP _____

STORIES _____ CONSTRUCTION _____

TELEPHONE _____

ALARM SYSTEM _____

LOCKBOX _____ WHERE _____

EMERGENCY (AFTER-HOURS) CALL NUMBERS

1ST NAME _____ TEL. # _____

2ND NAME _____ TEL. # _____

3RD NAME _____ TEL. # _____

FOR FIRE DEPARTMENT USE ONLY: STRUCTURE FILE UPDATED DATE _____

Please complete this form and return to the
Fire Prevention Bureau. Thank you.